



DEPARTMENT OF CORRECTIONS

*Leading Nevada Corrections Into the Future*

---

**SUBJECT:** *AMENDMENT No. 1 TO REQUEST FOR PROPOSAL No. 14-03*

DATE OF AMENDMENT: MARCH 15, 2004

DATE OF RFP RELEASE: MARCH 09, 2004

DATE AND TIME OF OPENING: APRIL 09, 2004 @ 2:00 PM PST

AGENCY CONTACT: CHRISTINE PHENIX, CONTRACT COMPLIANCE MONITOR

---

The following shall be a part of *RFP No.14-03 for Water and Boiler Treatment*. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

Corrected Attachment C – Reference Questionnaire.

---

**RFP # 14-03 REFERENCE QUESTIONNAIRE  
FOR:**

\_\_\_\_\_  
(Name of company requesting reference)

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the State of Nevada, Department of Corrections, via facsimile at (775) 887-3343 or e-mail at [cphenix@ndoc.state.nv.us](mailto:cphenix@ndoc.state.nv.us), no later than **April 09, 2004 @2:00 p.m. PST**. ~~March 11, 2004 @ 2:00 p.m. PST~~, and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of Nevada Department of Corrections by telephone (775) 887-3347 or by e-mail [cphenix@ndoc.state.nv.us](mailto:cphenix@ndoc.state.nv.us). When contacting us, please be sure to include the Request for Proposal number listed at the top of this page.

**CONFIDENTIAL INFORMATION WHEN COMPLETED**

---

<b>Company providing reference:</b>	
<i>Contact name and title/position</i>	
<i>Contact telephone number</i>	
<i>Contact e-mail address</i>	

QUESTIONS:

1. In what capacity have you worked with this vendor in the past?

COMMENTS:

2. How would you rate this firm's knowledge and expertise?  
\_\_\_\_ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

3. How would you rate the vendor's flexibility relative to changes in the project scope and timelines?

\_\_\_\_ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

4. What is your level of satisfaction with hard-copy materials produced by the vendor?  
\_\_\_\_\_ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)  
COMMENTS:

5. How would you rate the dynamics/interaction between the vendor and your staff?  
\_\_\_\_\_ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)  
COMMENTS:

6. Who were the vendor's principal representatives involved in your project and how would you rate them individually? Would you comment on the skills, knowledge, behaviors or other factors on which you based the rating?  
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

Name: \_\_\_\_\_ Rating:

Name: \_\_\_\_\_ Rating:

Name: \_\_\_\_\_ Rating:

Name: \_\_\_\_\_ Rating:

COMMENTS:

7. How satisfied are you with the products developed by the vendor?  
\_\_\_\_\_ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)  
COMMENTS:

8. With which aspect(s) of this vendor's services are you most satisfied?  
COMMENTS:

9. With which aspect(s) of this vendor's services are you least satisfied?  
COMMENTS:

10. Would you recommend this vendor's services to your organization again?  
COMMENTS:

**ALL ELSE REMAINS THE SAME.**

Vendor shall sign and return this amendment with proposal submitted.

NAME OF VENDOR \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_